|                 | Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-----------------|-------------------------|---|
| Index of Claims | 10809376                | LYSNE ET AL.                            |
|                 | Examiner                | Art Unit                                |
|                 | Patel, Chandrahas       | 2616                                    |

| ✓   | ✓ Rejected |          |          | -    | Cancelled  |            |          | N Non-Elected  |            |  | Α | A Appeal |          |  |  |
|---|------------|----------|----------|------|------------|------------|----------|----------------|------------|--|---|----------|----------|--|--|
| =   | A          | llowed   |          | ÷    | Res        | tricted    |          | I Interference |            |  |   | 0        | Objected |  |  |
|   |            |          |          |      |            |            |          |                |            |  |   |          |          |  |  |
| ☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47 |            |          |          |      |            |            |          |                |            |  |   |          |          |  |  |
| CLAIM DATE  |            |          |          |      |            |            |          |                |            |  |   |          |          |  |  |
| Fi  | inal       | Original | 07/03/20 | 07 1 | 11/15/2007 | 07/30/2008 | 01/27/   | 2009           | 06/04/2009 |  |   |          |          |  |  |
|   |            | 1        | ✓        |      | ✓          | ✓          | <b>✓</b> | ,              | ✓          |  |   |          |          |  |  |
|   |            | 2        | ✓        |      | ✓          | ✓          | ✓        | ,              | ✓          |  |   |          |          |  |  |
|   |            | 3        | ✓        |      | ✓          | ✓          | ✓        | ,              | ✓          |  |   |          |          |  |  |
|   |            | 4        | ✓        |      | ✓          | ✓          | ✓        | ,              | ✓          |  |   |          |          |  |  |
|   |            | 5        | ✓        |      | ✓          | ✓          | ✓        | ,              | ✓          |  |   |          |          |  |  |

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